## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10-553348

|  |  |   |  | 10                            |  | وزاريوب             |                     |                                      |     |                     |                        |
|--|--|---|--|-------------------------------|--|---------------------|---------------------|--------------------------------------|-----|---------------------|------------------------|
| CLAIMS AS FILED - PART (Column 1)  |  |   |  |                               |  | Column 2)           | SMALL ENT           | TITY                                 | OR  | OTHER<br>SMALL I    |                        |
| U.S  | . NATIONAL :                                   | STAGE FEES                                |  |                               |  |                     | RATE                | FEE                                  | ] . | RATE                | FEE                    |
| BAS  | IC FEE   |   | SMALL ENT.                                 | = \$ 150                      | LARGE ENT. = \$ 300                    |                     | BASIC FEE           |                                      | OR  | BASIC FEE           | 30U)                   |
| EXA  | MINATION FE                                    | :<br>E                                    | Satisfies PCT Ar                           |                               | All other situations = \$ 100 / \$ 200 |                     | EXAM. FEE           | <del></del>                          | 1   | EXAM. FEE           | 0000                   |
| SEARCH FEE .   |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | 50 / \$ 100<br>intries =      | All other situations = \$ 250 / \$ 500 |                     | SEARCH FEE          |                                      |     | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minı                                       | us 100 =                      | / 50 =                                 |                     | X \$ 125 =          |                                      |     | X \$ 250 =          |                        |
| тот  | AL CHARGEA                                     | BLE CLAIMS                                | /3 mir                                     | nus 20 =                      | *                                      |                     | X \$ 25 =           |                                      | OR  | X \$ 50 =           |                        |
| INDI   | EPENDENT CL                                    | AIMS                                      | m  | inus 3 =                      | *                                      |                     | X \$ 100 =          |                                      | OR  | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT                                      |                               |  |                     | + \$ 180 =          | ·                                    | OR  | + \$ 360 =          |                        |
| * If   | the difference                                 | e in column 1 is                          | less than zero                             | , enter "(                    | o" in co                               | olumn 2             | TOTAL               |                                      | OR  | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |  |                               |  |                     | SMALL E             | OTHER TH<br>SMALL ENTITY OR SMALL EN |     |                     |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE               |     | RATE .              | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus ,                                    | **                            |  | =                   | X \$ 25 =           |                                      | OR  | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus                                      | ***                           |  | =                   | X \$ 100 =          |                                      | OR  | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                     | + \$ 180 =          |                                      | OR  | + \$ 360 =          |                        |
| <i>-</i>   |  |   |  |                               |  |                     | TOTAL ADDIT.<br>FEE |                                      | OR  | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                |  | (Colui                        | mn 2)                                  | (Column 3)          |                     |                                      |     |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE               |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                      | **                            | -                                      | =                   | X \$ 25 =           |                                      | OR  | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus                                      | ***                           |  | = .                 | X \$ 100 =          |                                      | OR  | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                     | + \$ 180 =          |                                      | OR  | + \$ 360 =          | ·                      |
|  |  |   | TOTAL ADDIT.<br>FEE                        |                               | OR                                     | TOTAL ADDIT.<br>FEE |                     |                                      |     |                     |                        |
|  |  |   | •  |                               |  | •                   |                     |                                      |     |                     |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |  |                               |  |                     |                     |                                      |     |                     |                        |